DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445166	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTH CARE	902 BUCHANAN RD NEW TAZEWELL, TN 37825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors closed to a positive latch. (NFPA 101, 19-3.6.3.) The findings include: Observation and interview with the Maintenance Director during the fire drill conducted on March 18, 2014 at 10:50 a.m. confirmed corridor doors to the following residents rooms failed to close to a positive latch. - 110, - 114,	K 018	**K 018 E** Doors to Resident rooms 110, 114, 116, 127, 134, and 135 were adjusted To a positive latch by the Maintenance Director on March 21, 2014 All other resident room Doors were Examined and checked for positive latch And all others were found in compliance. Maintenance Director will check all resident Doors to insure all have positive latch during Each monthly fire drill. Housekeeping staff Shall check doors during daily housekeeping Duties as a double check for compliance of (NFPA 101,19-3.6.3.) Maintenance Director and housekeeping Director will report findings to Facility Monthly QAPI committee meeting attended by Administrator or Proxy, Director of Nursing Or Proxy, Medical Director or designee, Staff RN, Social Worker and Maintenance Director.	4/30/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 4-9-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	445156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/18/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTH CARE	902 BUCHANAN RD NEW TAZEWELL, TN 37825

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K 018	Continued From page 1 - 116, - 127, - 134, - 135 This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2014.	K 018		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure 1 of 4 corridor fire doors would close to a positive latch. The findings include: Observation and interview with the Maintenance Director, on March 18, 2014 at 11:00 a.m.	K 021	**K 021 D** The corridor fire door in the front Hallway in front of the Kitchen was Adjusted to a positive Latch by the Maintenance Director on March 21, 2014. All other Corridor Fire doors were Checked by the Maintenance Director for positive Latch, All others were found to be in compliance. Maintenance Director will check all Corridor Fire doors during each Monthly Fire Drill to insure all doors come to a positive latch. Maintenance Director will report findings of monthly checks to the monthly QAPI committee meeting attended by Facility Administrator or proxy, Director of Nursing or Proxy, Medical Director or designee, Social worker, Staff RN, and Maintenance Director.	4/30/2014

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	446156	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/18/2014

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K 021	Continued From page 2 confirmed the 1-1/2 hour corridor fire door in the front corridor by the kitchen failed to close to a positive latch. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2014.	K 021	**K 069 D** Approval has been obtained for purchase and installation of an additional hood for the Kitchen. To be built and installed by a qualified vendor. A qualified Vendor has Accepted the job, and will meet all Requirements for building requirements Through the office of Bill Harmon, Facility Construction Director State of Tennessee. No other areas in building are affected. The facility Administrator will request a waiver from the office of Health Licensure and Regulation for this Life Safety Requirement for an extended time frame of 69 Days from the last Day of Survey which was March 19, 2014 for the completion of the Installation of the Additional Hood by May 27th, 2014. Otherwise it will be impossible to have the hood built and installed by the 5/3/2014 date Certain for compliance. If waiver is approved, the Hood will be built and installed within the time frame Approved. The Maintenance Director will report progress to The Life Safety Inspector at each level of completion until the hood is fully installed. The Maintenance Director will report progress of this hood installation to the Facility QAPI committee meeting monthly until project is completed. The meeting will be attended by Facility Administrator or proxy, Director of Nursing or proxy, Medical Director or Designee, Social Worker, Staff RN, and Maint. Director.	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6. NFPA 96 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure commercial cooking equipment producing steam or grease laden vapors were located under a commercial hood. The findings include: Observation and interview with the dietary staff in the kitchen, on March 18, 2014 at 10:15 a.m. confirmed the convection oven, used to cook meals, was not located under a commercial hood system. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2014.	K 069	*Request of waiver to be submitted with POC*	